

Addendum #1  
**ATTACHMENT #1**

**EXHIBIT XXVI**  
NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT (NDCA)



Concerning the Request for Proposal (RFP) for:

INSURANCE BENEFITS FOR CITY OF CHICAGO EMPLOYEES: (A) Group Term Life; (B) Group Long Term Disability; (C) Universal Life; (D) Voluntary Supplemental Insurance

Specification No. 244314

---

I, the below undersigned, by signing this NDCA form, hereby agree to keep secure and confidential all information contained in the CD or USB as provided to me and shall, to the best of my reasonable ability, ensure that all information contained in the CD or USB is used solely in response to the above referenced RFP; and

I also agree, unless as may otherwise be required by law, to not make copies of or otherwise share or disclose any information contained in the CD or USB to any person other than such persons participating in this RFP process and who has also signed an NDCA form; and

I agree that any unauthorized dissemination of any information contained in the CD or USB, or to knowingly use any information for actual or anticipated personal gain, or for the actual or anticipated personal gain of any other person, is a breach of ethical standards which may be cause for termination of the RFP process in part or in whole; therefore,

I pledge my cooperation with and agree to fully comply with all matters of security and confidentiality as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title